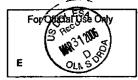
S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution finds or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 Fite Number U 329 828	2 Fiscal Year Covered From			
2848	01/01/2009 Through 12/31/2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Diquid L. IngRam	Name CARENTERS LOCAL 701			
	Labor Organization File Number 029-328			
PO Box Bldg Room No if any	P O Box Building and Room Number if any			
Street 1335 N. Hulbert Aug	Street 136/ N Hulbert Ave			
City FRESNO	City FRESAMONAN ARTHUR			
State C. 2 ZIP Code + 4 937 2	State ZIP Code +4 23 722			
5 Position in labor organization PRESIDENT	A TATE OF THE PROPERTY OF THE			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name 3 Trade Name If any 83				
PO Box Bldg Room No If any	The state of the s			
Street	7 b Amount			
City				
State ZIP Code + 4	Les and the state of the state			
Signature				
undersigned s knowledge and belief true correct and complete (See the see	ring documents) has been examined by the signatory and is, to the best of the			
Signed Maud Ingram				

Name of Person Filing DAvid LINGAM		File Number U	029-828	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or lirectly to or otherwise	3		
8 Name and address of Business (including trade name if any) Name CARPENTERS TRAining Comment in NO COV Trade Name if any CTCNC PO Box Bldg Room No if any Street 23.50 SANTA RITA ROAD City Pleasantal State CA ZIP Code + 4 Guara - 415	9 Business deals with a Labor Organizat b Trust c Employer	tion		
Name CARPENTERS TRAINING TRUST Fund Trade Name if any CARP TTF & NC CAI, PO Box Bidg Room No if any Street AGS Hegenburger RD STETION City OAKLAND State CA, ZIP Code + 4 74621	11 b Approximate dollar value	APPREM B. Half Hed IP2 e of such dealing for income received	Bex. 10	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		-	
Name		h		
Trade Name If any) *	w	
P O Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			